

Comprehensive State Plan 2014-2020

Executive Summary

Section 37.2-315 of the *Code of Virginia* requires the Department of Behavioral Health and Developmental Services (Department) to develop and update biennially a six-year Comprehensive State Plan. The plan must identify the services and supports needs of persons with mental health or substance use disorders or intellectual disability across Virginia; define resource requirements for behavioral health and developmental services; and propose strategies to address these needs. This section also requires that the plan be used in the preparation of the Department's biennium budget submission to the Governor.

Services System Overview: Title 37.2 of the *Code of Virginia* establishes the Department as the state authority for the behavioral health and developmental services system. The mission of the Department's central office is to provide leadership and service to improve Virginia's system of quality treatment and prevention services and supports for individuals and their families whose lives are affected by mental health or substance use disorders or intellectual disability.

The Department seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals and is committed to implementing the vision "of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of individual participation in all aspects of community life, including work, school, family and other meaningful relationships" (*State Board Policy 1036 (SYS) 05-3*).

Virginia's public services system includes nine state hospitals, five training centers (one of which provides administration services to a medical center), and a sexually violent predator rehabilitation center that are operated by the Department and 39 community services boards and one behavioral health authority (referred to as CSBs) established by local governments.

- CSBs are responsible for delivering community behavioral health and developmental services, either directly or through contracts with private providers. They are single points of entry into the publicly funded behavioral health and developmental services system, with responsibility and authority for assessing individual needs, providing an array of services and supports, and managing state-controlled funds for community-based services.

In FY 2012, the total unduplicated count of individuals receiving behavioral health or developmental services was 216,951. CSBs provided mental health services to 113,552 individuals, developmental services to 20,562 individuals, substance abuse services to 36,743 individuals, emergency services to 60,057 individuals, and ancillary services (motivational treatment, consumer-monitoring, and early intervention and assessment and evaluation services) to 64,926 individuals. Additionally, 6,666 individuals received services in a consumer-run program.

Although the total number of individuals served by CSBs continues to increase, the CSBs continue to confront waiting lists for services. Between January and April 2013, 13,685 individuals were waiting to receive at least one CSB service.

- State facilities provide highly structured intensive inpatient treatment and habilitation services. On September 12, 2013, state facility operating capacities included:
 - 1,487 beds in state hospitals, of which 1,200 beds were occupied;
 - 999 beds in training centers, of which 744 beds were occupied;

- 87 beds at Hiram Davis Medical Center, of which 61 beds were occupied; and
- 450 beds at the Virginia Center for Behavioral Rehabilitation, of which 311 beds were occupied.

In FY 2013, state facilities served 5,792 individuals, down from 6,238 in July 2012 and 6,338 in July 2011.

In FY 2012, total behavioral health and developmental services system funding was \$2.397 billion:

- Community services funding was \$1,786.9 million or 74 percent of total system funding,
- Facility services funding was \$570.2 million or 24 percent of total system funding, and
- Department central office funding was \$39.9 million or two percent of total system funding.

Funding for Virginia's public behavioral health and developmental services system comes from a variety of sources, including state general funds, local matching dollars, federal grants, and fees, including Medicaid.

Estimated Prevalence: By applying prevalence rates from national epidemiological studies and the National Household Surveys on Drug Use and Health to Weldon Cooper Center for Public Service Age & Sex estimates for 2012, the Department estimates that:

- Approximately 341,773 adults in Virginia have had a serious mental illness.
- Between 117,592 and 143,724 children and adolescents have a serious emotional disturbance, with between 65,329 and 91,461 exhibiting extreme impairment.
- Approximately 147,346 individuals are conservatively estimated to have a developmental disability, of which 76,763 (ages 6 and older) have intellectual disability and 1 in 88 children have an autism spectrum disorder.
- Approximately 116,190 infants, toddlers, and young children (birth through age 3) have developmental delays requiring early intervention services.
- Approximately 175,234 adults and adolescents abuse or are dependent on any illicit drug, with 122,112 meeting the criterion for dependence, and 477,409 adults and adolescents abuse or are dependent on alcohol, with 209,729 meeting the criterion for dependence.

However, only a portion of persons with diagnosable disorders will need services at any given time, and an even smaller portion will require or seek services from the public sector.

CSB Waiting Lists: During the first quarter of calendar year 2013, CSBs completed a point-in-time survey of each person identified by the CSB as being in need of specific services. To be included on the waiting list for CSB services, a person had to have sought the service and been assessed by the CSB as needing that service. CSB staff also reviewed their active cases to identify individuals who were not receiving all of the amounts or types of services that they needed. CSBs identified a total of 13,685 individuals who were waiting for services. In addition, for the first time, service needs of 6,674 individuals on the Medicaid ID waiver waiting list were available. Individuals documented as waiting for services included:

- 4,486 (3,218 adults and 1,268 children and adolescents) were reported by CSBs as needing mental health services;
- 8,095 (5,100 adults and 2,995 children and adolescents) were reported by CSBs as needing developmental services; and

- 1,104 (558 adults and 546 adolescents) were reported by CSBs as needing substance abuse treatment services.

This count includes 85 individuals who were on mental health and substance abuse treatment services waiting lists, 11 individuals who were on mental health and developmental services waiting lists, and one person who was on waiting lists for developmental and substance abuse treatment services.

This point-in-time methodology for documenting unmet service demand is conservative because it does not identify the number of persons who needed services over the course of a year.

Services System Strategic Initiatives: Behavioral health and developmental services system strategic initiatives included in the Comprehensive State Plan 2014-2020 incorporate the *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia* focus areas and include other critical issues facing the Commonwealth and Departmental strategic initiatives:

Systemwide

1. Services system implementation of health care reform
2. Services system quality improvement and accountability
3. Case management;
4. Independent housing; and
5. Employment First initiative.

Behavioral Health Services

1. Mental health services capacity;
2. Child and adolescent behavioral health services capacity;
3. Substance abuse treatment services capacity;
4. Peer services and peer-provided recovery supports; and
5. State hospital service effectiveness and efficiency.

Developmental Services

1. Developmental services community capacity development; and
2. Training center discharge planning and community integration.

Civil Commitment of Sexually Violent Predators

Department Initiatives

1. Information technology solutions
2. Workforce development; and
3. State facility capital infrastructure and energy efficiency.

Summary of Resource Requirements: The following capacity development priorities respond to critical issues facing Virginia's behavioral health and developmental services system. Implementation of these capacity development priorities is contingent on resource availability.

Behavioral Health Services Investment Priorities

- Expand statewide mental health services capacity to fill identified services gaps, including individual and group psychotherapy, family counseling, supportive counseling, psychiatry and medication services for older teens and young adults during the difficult period of transition from school to adulthood; Programs of Assertive Community Treatment (PACT)

teams in communities that now lack this essential intensive service; therapeutic assessment centers (drop-off centers); early intervention services (Part C); discharge assistance; permanent supportive housing assistance; extended care for individuals under a temporary detention order; and enhanced forensic-related evaluation rates.

- Expand statewide substance abuse intensive outpatient treatment, including earlier access to assessment and intensive outpatient services within the Systems of Care framework for youth with substance abuse and co-occurring disorders; rehabilitation and employment capacity to help persons in recovery from alcohol and drug addiction find and keep jobs; and community-based residential medical detoxification.
 - Expand peer support recovery services for persons with mental health, substance use, or co-occurring disorders to include peer support groups; education in illness and wellness management; job-readiness training; coaching and mentoring; assistance with social services and entitlements; drop-in and socialization opportunities, and residential supports.
- Cover increased WSH operating costs incurred when new facility opened in October 2013, including increased IT requirements and VITA charges, security, and operations and increased CCCA security and IT costs associated with WSH's move to a new building.
- Recover lost Medicaid revenues associated with the diminishing geriatric population at ESH.

Developmental Services Investment Priorities

- Collaborate with the Department of Medical Assistance Services (DMAS) to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures.
- Expand developmental services capacity to implement the settlement agreement with the U.S. Department of Justice (DOJ). This includes family supports, rental subsidies, crisis stabilization, and quality management and independent review.
- Establish community-based regional Developmental Disability Health Supports Network clinical teams to provide or facilitate access to local professionals providing medical, dental, and other clinical services; behavioral and other supports; and specialized equipment.
- Provide housing bridge funds to support transition of individuals residing at NVTC to the most integrated community setting of their choice by offsetting the gap between their monthly Social Security income and the projected fair market cost of housing in the region.

Civil Commitment of Sexually Violent Predators Investment Priority

- Cover conditional release services and supervision at the point that an individual's probation obligation by the Department of Corrections (DOC) ends.

Systemwide Investment Priorities

- Support ongoing operation of the Department's electronic health record system (EHRS).
- Upgrade regional IT security staffing and processes to meet federal and state requirements.
- Support Department's interface with the state's new financial information system.

Conclusion: Successful implementation of these strategic initiatives will continue Virginia's progress in advancing a community-focused system of recovery-oriented and person-centered services and supports that promote the highest possible level of participation by individuals receiving behavioral health or developmental services in all aspects of community life including work, school, family, and other meaningful relationships. They also will enhance the ability of the services system to perform its core functions in a manner that is effective, efficient, and responsive to the needs of individuals receiving services and their families.

The Department's executive leadership will continue to monitor implementation of the Creating Opportunities strategic initiatives and major agency activities identified in the *Comprehensive State Plan 2014-2020*.